KANSAS HOUSING
RESOURCES CORPORATION

Attachment C: Infants at Work

Individual Care Plan

A. General Information

Employee Name: _____ Employee ID #: _____

Infant Name: _____

Infant's Date of Birth: _____

Date Infant Enters Program: _____ Date Infant Exits Program: _____

Indicate days and times infant will be present in the workplace:

❑ Monday _____ ❑ Thursday _____

❑ Tuesday _____ ❑ Friday _____

❑ Wednesday _____

Specific Information

Include any specific plan information or requirements in the space below: *(At the least, indicated the designated sitting room.)*

_____

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Alternative Care Providers

The following persons have agreed to be alternative care providers, responsible for providing care for my infant in the workplace, when I become temporarily unavailable to provide care. The supervisor of each alternative care provider has approved.

Alternative provider care is not to exceed 1.5 hours in a 4-hour period. If you are on a flextime schedule, your alternative care providers should be available to accommodate your schedule.

1. Alternative Care Provider Name:

_____ Division:

_____

Schedule: _____

Work Telephone: _____ Home Telephone: _____

2. Alternative Care Provider Name:

_____ Division:

_____

Schedule: _____

Work Telephone: _____ Home Telephone: _____

Emergency Contact

1. Emergency Contact: _____

Relationship: _____

Address: _____

Daytime Telephone: _____ ext. _____

Evening Telephone: _____ ext. _____

Cellular Telephone: _____

2. Emergency Contact: _____

Relationship: _____

Address: _____

Daytime Telephone: _____ ext. _____

Evening Telephone: _____ ext. _____

Cellular Telephone: _____

Program Agreement

By signing this Infants at Work Program Agreement, I hereby acknowledge and affirm that I have read and understand the terms and conditions of the Infants at Work policy. I understand and agree to comply with the terms and conditions set forth in the Infants at Work policy. I further understand and agree that, in the event I fail to comply with such terms and conditions, or otherwise fail to meet any program criteria, whether or not such criteria are set forth in the Infants at Work policy, my program eligibility may be terminated, requiring me to remove my infant from the workplace.

I acknowledge that Kansas Housing Resources Corporation is offering participation in the Infants at Work program as a courtesy to full-time, benefits-eligible employees of KHRC who are new mothers or fathers, and not as an employee benefit or right. Accordingly, I acknowledge that KHRC reserves the right to terminate a participant's eligibility, with or without cause, or to amend or cancel the Infants at Work program in part or its entirety, with or without cause, requiring me to remove my infant from the workplace.

_____ _____

Parent's signature Date

Consent and Waiver

I, the undersigned, on my own behalf, and as parent and natural and/or legal guardian of _____ (infant's name), by signing this Infant at Work Consent and Waiver, do hereby consent on my own behalf, and on behalf of said minor child, do release the State of Kansas, Kansas Housing Resources Corporation, and any employees and agents thereof, from any and all liability arising from any harm or injury that occurs to my infant while in the workplace, as a result of my participating in the Infants at Work program and hereby waive any rights I accrue as a result thereof, and further agree to hold harmless and indemnify the State of Kansas, Kansas Housing Resources Corporation, and any employees and agents thereof, from any such claims that may be brought by said child in his or her own right, or by a duly appointed representative, as a result of my participating in the Infants at Work program.

_____ _____

Parent's signature Date

I have discussed this Individual Care Plan with my Division Director. I understand I am permitted to bring my infant to the workplace upon final approval of this plan by the Executive Vice President. If my plan changes, I agree to complete and submit a new plan for consideration.

Submitted by:

_____	_____
Employee's Signature	Date

Approved by:

_____	_____
Approved: Division Director	Date
_____	_____
Approved: Executive Vice President	Date